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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/163,707 06/06/2002 PAT 6,734,197
 which claims benefit of 60/296,502 06/07/2001

** FOREIGN APPLICATIONS ***** NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials <u>KEW</u>	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
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ADDRESS

26161
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TITLE

Combination therapy for type II diabetes or syndrome X

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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